



# City of Oakland and Oakland Police Department

## Complaint Form

TF-3039b (2/06)

CAD Incident No.	Case No.	Date Stamp
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Complainant's LAST Name, First, Middle <input type="radio"/> Male <input type="radio"/> Female	Race: <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Pac. Islander <input type="checkbox"/> Black <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other _____	Date of Birth
Address <span style="float: right;">City <input type="radio"/> Oakland Zip</span>	Home Phone (    )	Work Phone (    )
Person/Supervisor Receiving Complaint (Other than IAD or CPRB)	Serial No.	Regular Unit of Assignment
		Date
		Time

**Complete this portion if complainant is a minor or if assisted by another person**

LAST Name, First, Middle	Relationship to Complainant
Address <span style="float: right;">City <input type="radio"/> Oakland Zip</span>	Home Phone (    )    Work Phone (    )

Location of Occurrence	Day	Date	Time <input type="radio"/> AM <input type="radio"/> PM
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**Identity of Involved Personnel**

Badge No.	Name / Vehicle No., etc.	Officer <input type="radio"/>	Ranger <input type="radio"/>	Civilian <input type="radio"/>	Sex	Race

**Brief Narrative Using Own Words. If you need more space, use an additional sheet of paper. Any questions, call the Internal Affairs Division at 510 238-3161 or the Citizens' Police Review Board at 510 238-3159.**

Were you injured? <input type="radio"/> No <input type="radio"/> Yes (Describe)	What would you like as a result of this complaint?
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Witness Name (LAST, First, Middle)	Address	City/Zip	Phone (Include Area Code)

**I have read and understood this statement, which I have made of my own free will, and the facts contained therein are true and correct to the best of my knowledge.**

**Complainant's Signature**  \_\_\_\_\_ **Date** \_\_\_\_\_

**For Official Use Only**

**Check all Categories that Apply:**

Force     Conduct     Untruthfulness

Procedure     Bias/Discrimination

Other \_\_\_\_\_

Complaint Received by <input type="radio"/> Walk-in <input type="radio"/> Mail <input type="radio"/> Fax	Date Received
Intake Officer/Personnel	<input type="radio"/> IAD <input type="radio"/> CPRB

